

**INSTRUCTIONS FOR REQUESTING UNCLAIMED FUNDS
BEING HELD BY THE CRIMINAL DIVISION
MILWAUKEE COUNTY CLERK of CIRCUIT COURT**

Follow these instructions if your name has appeared on the recently published Milwaukee County Treasurer's list of unclaimed funds being held by the Clerk of Circuit Court **Criminal Division:**

- On the form provided clearly print the answers to each question in the spaces provided.
- Print your full name, including middle name. Provide maiden name if applicable.
- Provide your date of birth.
- Provide the date you prepared this request.
- Print the case number, if known or applicable.
- Provide daytime phone number(s) with area code so that we may contact you if we have questions.
- You must sign the request.
- Read the check box questions carefully before selecting and check only one.
- For the box you select, fill in the required information.
- Fill in your complete current address, including street address, apartment number, city, state & zip code.
- Fill in your complete prior address, including street address, apartment number, city, state & zip code.
- **If submitting the form in the mail, you must submit a clear copy of your current state identification, driver's license or military ID. Requests won't be processed without proper identification.**
- Mail your completed request form and current identification to:
Clerk of Circuit Court – **Criminal Division**
821 West State St., SB117
C/O Unclaimed Funds – Refunds
Milwaukee, WI 53233
- We will call or write you if additional information is needed.
- Allow 3 to 4 weeks for processing.

NOTE: If your name appears on the Treasurer's list for the Civil Division of the Clerk of Circuit Court, you may either go to 901 N. 9th St. Courthouse Room 104 or call 414-278-4556 or 414-278-4557.

REQUEST FOR UNCLAIMED FUNDS

(Please Print Clearly)

Name: _____

Date of Birth: _____ Date: _____

Case # _____ Daytime Phone: _____
(If Known or Applicable) (Include Area Code)

Signature: _____
(Your Signature Will Need to be Notarized)

With regard to these funds: (Please Check Only One Box)

☐ I paid them on behalf of myself or someone else.
For whom did you pay them?

What is your relationship to that person?

☐ I am claiming them on behalf of someone else.
For whom are you claiming the funds?

What is your relationship to that person?

Your current address (include city, state, & zip code):

Prior address that was provided when the bail/bond was paid (include city, state, & zip code):

Initials of Customer Service Rep reviewing this form: _____
(Please staple a **readable** copy of individual's ID or Driver's License to this form.)